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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0551-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	SPL2001-001
First Named Inventor	Stephen P. Laurie
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Mar. 29, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Method for Winning Discounts

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) 

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
None			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.				
Application Number(s)	Filing Date (MM/DD/YYYY)			<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
None				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington DC 20231.

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PTO/SB/01 (10-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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Direct all correspondence to:  Customer Number  
or Bar Code Label **23433** OR  Correspondence address below

Name Robert H. Frantz Registration Number: 42,553

Address P.O. Box 23324

**Address**

City Oklahoma City	State OK	ZIP 73123
Country U.S.A.	Telephone 405-812-5613	Fax 405-440-2465

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name Stephen P. (first and middle [if any])	Family Name Laurie or Surname
Inventor's Signature <b>S.L.</b>	Date <b>26 March 01</b>

Residence: City Shropshire	State UK	UK Country	Citizenship UK
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Mailing Address Toleman House, 10 Hazler Orchard, Church Stretton

**Mailing Address**

City Shropshire	State UK	ZIP SY67AL	Country JK
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Inventor's Signature	Date

Residence: City	State	Country	Citizenship
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**Mailing Address**

City	State	ZIP	Country
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	Mar. 29, 2001
First Named Inventor	Stephen P. Laurie
Group Art Unit	
Examiner Name	
Attorney Docket Number	SPL2001-001

I hereby appoint:

 Practitioners at Customer Number

23433

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OR

 Practitioner(s) named below:

Name	Registration Number
Robert H. Frantz	42,553

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert H. Frantz, 42,553				
Address	P.O. Box 23324				
Address					
City	Oklahoma City	State	OK	Zip	73123
Country	U.S.A.				
Telephone	405-812-5613	Fax	405-440-2465		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Stephen P.	Laurie
Signature	S.L.	
Date	26 March 2001	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

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